

Oregon Health Fund Board

Kaiser Permanente Vision

Providing Members With a Medical Home

Total Panel Ownership



Why Should Patients Have a Medical Home? Why Should You Advocate for Such a Healthcare Delivery System?

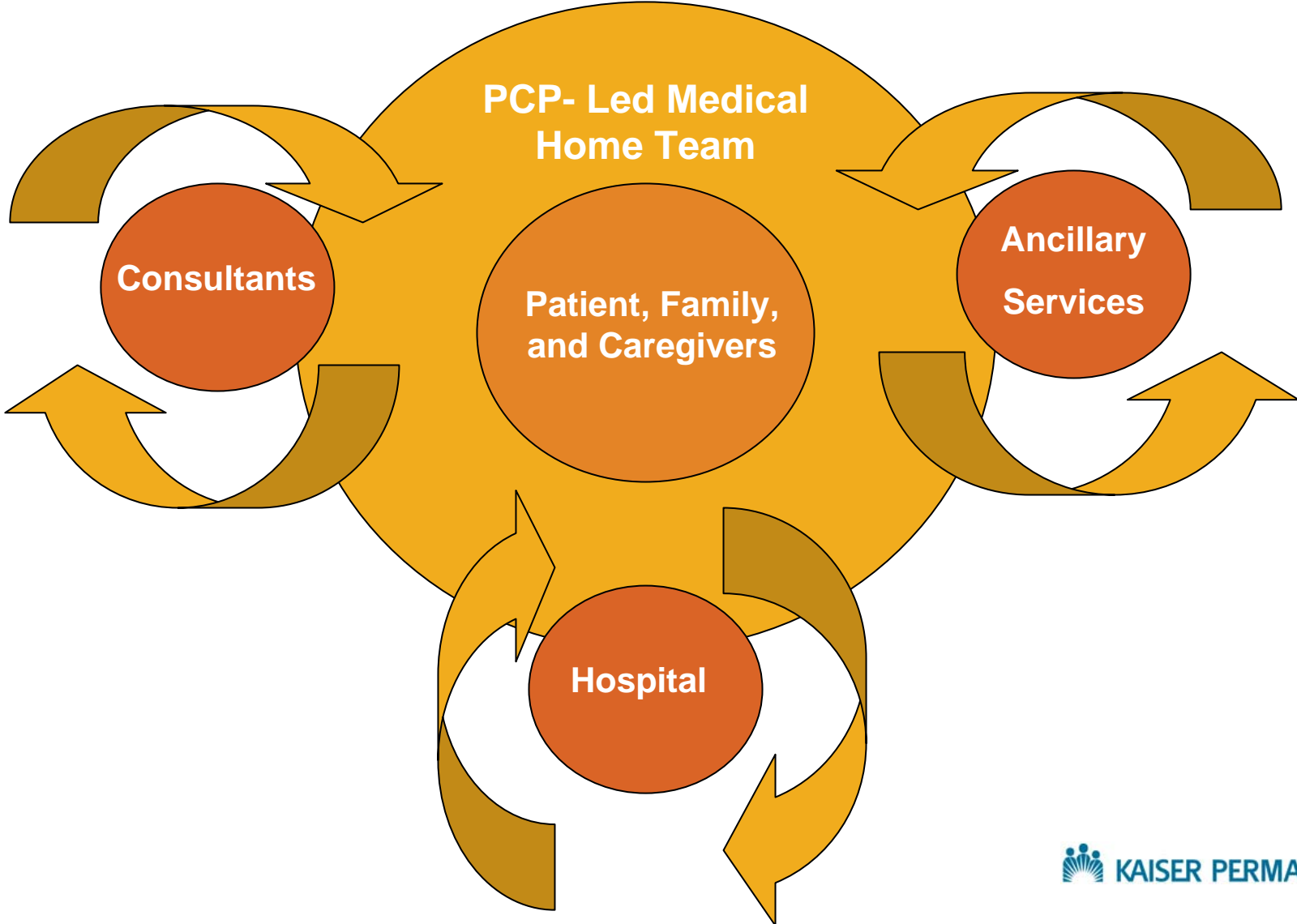


Service Improves - Members have a home that coordinates all their care

Quality Improves - Members with a primary care clinician/home have consistently better quality outcomes

Resource Stewardship Improves - States with more PCPs, and patients who have a PCP, experience more cost effective care

Primary Care Vision



Primary Care Vision



All members are attached to a primary care physician

Members have several choices to access their physician

- Office visits
- Scheduled phone encounters
- Email encounters

The Medical Home Challenges for Kaiser



Service Excellence is the Key

- Goals
 - Service Culture Improvement
 - Improved Phone Service for Members
 - Access Improvement Primary Care
 - Enhancing the ability of members to develop a relationship with a primary care clinician
 - Increasing appointment availability to better meet members needs
 - Access Improvement Specialty Care
 - Reduce time from referral to appointment
 - Direct access for selected specialties

Total Panel Ownership and Our Electronic Medical Record (EMR)



Our Electronic Medical Record facilitates the Medical Home Model. All care is documented in one EMR, accessible by all members of the care team.

The Panel Support Tool facilitates comprehensive Inreach

The Panel Support Tool facilitates focused Outreach from the team and centrally

Our EMR is the Member's EMR



The member can access much of their EMR via kp.org

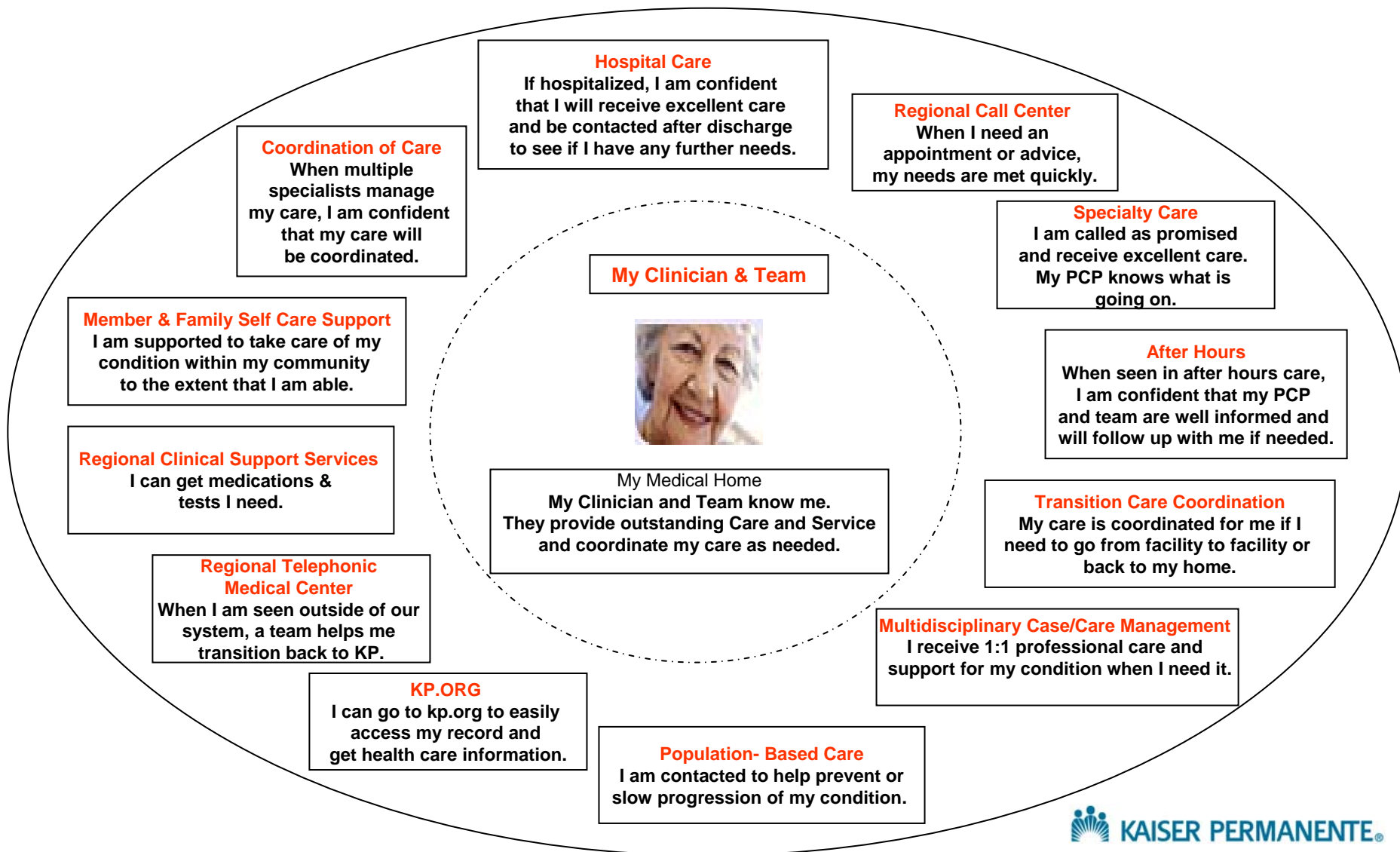
- Medical conditions, labs, vaccine records, appointments

Health Risk Assessment coming in 2008

- Available on kp.org to all members
- Integrated into our EMR
- Members receive suggestions regarding prevention issues and lifestyle changes to address

Member Perspective & KPNW Departments

KPNW Primary Care Model of Care for Quality & Service



Sources



States with more general practitioners use more effective care and have lower spending, while those with more specialists have higher costs and lower quality. *Baicker K, Chandra A. Medicare spending, The Physician workforce and Beneficiaries' Quality of Care. Health affairs, 2004*

International comparisons of health care systems have shown a relationship at the macro level between a well-structured primary health care plan and lower total health care costs...Provider continuity in family medicine remains one of the most important explaining variables of total health care costs (including costs for specialist visits and hospitalizations). *De Maeseneer JM, et al. Provider continuity in family medicine: Does it make a difference for total health care costs? Ann Fam Med 2003;1:144-148*

94% of patients value having a primary care physician who knows about all their medical problems. *Grumbach K, et. al.. Resolving the gatekeeper conundrum. JAMA 1999;282:261-266*

When more primary care physicians, per person, are practicing in a community, hospitalization rates are lower. *Parchman ML, Culler S. Primary care physicians and avoidable hospitalization. J Fam Pract 1994;39:123-128.*

Mortality rates are lower where there are more primary care physicians, but this is not the case for specialist supply. Increasing the supply of specialists will not improve the US position in population health relative to other industrialized countries, and is likely to lead to greater disparities in health status and outcomes. *Starfield B, Shi L, et. Al. The effects of specialist supply on populations' health: assessing the evidence. Health Aff (Millwood). 2005 Jan-Jun; Suppl Web Exclusives:W5-97-W5-1-7*

Physician services: 25% of national health services spending. Primary Care: 6-8% of total spending for personal health services. *Goroll A, et. al. Fundamental reform of payment for adult primary care: comprehensive payment for comprehensive care. JGIM 2007;22:410-415*